

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032184

STATE FILE NUMBER

AMENDED

Registration District No. 61Primary Registration District No. 4107Registrar's No. 19

FILED OCT 10 1961

## 1. PLACE OF DEATH

a. COUNTY

Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)

El Dorado Springs

Length of stay in lb

5 yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONW. Hickory St

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Cedar

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

El Dorado Springsd. STREET  
ADDRESS

(If outside, give location)

W. Hickory St.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First

Luther

Middle

Axtell Woods

Last

Woods

4. DATE

OF  
DEATH

Month

Day

Year

Oct-5-1961

## 5. SEX

M

## 6. COLOR OR RACE

W

## 7. Married

☐ Never Married☒ Widowed☐ Divorced☐ Single

## 8. DATE OF BIRTH

Feb-8-1875

## 9. AGE (last birthday)

86

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Barber

## 10b. KIND OF BUSINESS OR INDUSTRY

BARBER

## 11. BIRTHPLACE (City and state or country)

Henry County, Mo. U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Eramus B. Woods

## 13b. MOTHER'S MAIDEN NAME

Margaret Seckman

## 14. NAME OF HUSBAND OR WIFE

Elizabeth Woods (Deceased)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

499-36-6358

## 17. INFORMANT

Ezra E. Woods, El Dorado Springs Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral encephalomalacia

## DUE TO (b)

Cerebral arteriosclerosis

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

General debility

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## OTHER

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

1958

to

June 1961

and last saw him alive on

June 1961

## Death occurred at

11:00 A

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Robert L. Magee M.D.

## 22b. ADDRESS

El Dorado Springs, Mo.

## 22c. DATE SIGNED

10-6-61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Oct. 7, 1961

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## (State)

## FUNERAL DIRECTOR

## ADDRESS

Melvin L. Janssens El Dorado Springs Mo.

## 25. DATE RECD. BY LOCAL REG.

10-7-61

## 26. REGISTRAR'S SIGNATURE

David J. Cassel

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1961

MAY 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *William L. Janssens*

Licensed Embalmer No. 4529

P. O. Address *Appleton City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.